

1 SCOTTLINN J HUBBARD, IV, SBN 212970  
2 **DISABLED ADVOCACY GROUP, APLC**  
3 12 WILLIAMSBURG LANE  
4 CHICO, CA 95926  
5 (530) 895-3252

6 Attorney for Plaintiff

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9 THE UNITED STATES DISTRICT COURT  
10 FOR THE CENTRAL DISTRICT OF CALIFORNIA  
11

12 Martin Vogel,

13 Plaintiff,

14 vs.

15 Galileo San Dimas, LP,

16 Defendants.  
17  
18  
19  
20

No. CV16-00122 MWF (JCx)

**PROOF OF SERVICE AS TO  
DEFENDANT GALILEO SAN  
DIMAS, LP**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) SCOTTLINN J. HUBBARD IV   SBN: 212970 DISABLED ADVOCACY GROUP, APLC 12 WILLIAMSBURG LANE CHICO, CA 95926  TELEPHONE NO.: (530) 895-3252   FAX NO. (530) 894-8244   E-MAIL ADDRESS (Optional): Heather@hubslaw.com ATTORNEY FOR (Name): PLAINTIFF:	FOR COURT USE ONLY
<b>UNITED STATES DISTRICT COURT</b>  STREET ADDRESS: 312 N. SPRING ST. #G-8 MAILING ADDRESS: CITY AND ZIP CODE: LOS ANGELES, CA 90012 BRANCH NAME: CENTRAL DISTRICT	
PLAINTIFF: MARTIN VOGEL DEFENDANT: GALILEO SAN DIMAS, LP	CASE NUMBER: CV16-00122 MWF (JCx)
<b>PROOF OF SERVICE OF SUMMONS</b>	Ref. No. or File No.:

(Separate proof of service is required for each party served.)

- At the time of service I was at least 18 years of age and not a party to this action.
- I served copies of:
  - ☒ Summons
  - ☒ Complaint
  - ☐ Alternative Dispute Resolution (ADR) package
  - ☒ Civil Case Cover Sheet (served in complex cases only)
  - ☐ Cross-complaint
  - ☒ other (specify documents): **NOTICE OF CERTIFICATION OF INTERESTED PARTIES; NOTICE OF ASSIGNMENTS TO UNITED STATES JUDGES; NOTICE TO PARTIES OF COURT-DIRECTED ADR PROGRAM**
- Party served (specify name of party as shown on documents served):  
**GALILEO SAN DIMAS, LP**
  - ☒ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):  
**NEW PLAN EXCEL REALTY TRUST - JIHANE JASMIN - AGENT FOR SERVICE - RECEPTIONIST**  
 Age: 36      Weight: 180      Hair: BLACK      Sex: Female  
 Height: 5'7      Race: AFRICAN AMERICAN
- Address where the party was served: **450 Lexington Ave  
New York, NY 10163-9601**
- I served the party (check proper box)
  - ☒ **by personal service.** I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date): **1/20/2016** (2) at (time): **12:21 PM**
  - ☐ **by substituted service.** On (date): at (time): I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3b):
    - ☐ **(business)** a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
    - ☐ **(home)** a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
    - ☐ **(physical address unknown)** a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
    - ☐ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., §415.20). I mailed the documents on (date): from (city): , or ☐ a declaration of mailing is attached.
    - ☐ I attach a **declaration of diligence** stating actions taken first to attempt personal service.

PETITIONER: MARTIN VOGEL	CASE NUMBER:
RESPONDENT: GALILEO SAN DIMAS, LP	CV16-00122 MWF (JCx)

- c. ☐ **by mail and acknowledgment of receipt of service.** I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): \_\_\_\_\_ (2) from (city): \_\_\_\_\_
- (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (Attach completed Notice and Acknowledgment of Receipt.) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ **by other means** (specify means of service and authorizing code section):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☐ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (specify):
- c. ☐ as occupant.
- d. ☒ On behalf of (specify): **GALILEO SAN DIMAS, LP**  
under the following Code of Civil Procedure section:

- |   |   |
|---|---|
| <input type="checkbox"/> 416.10 (corporation)                           | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation)                   | <input type="checkbox"/> 416.60 (minor)                               |
| <input type="checkbox"/> 416.30 (joint stock company/association)       | <input type="checkbox"/> 416.70 (ward or conservatee)                 |
| <input checked="" type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person)                   |
| <input type="checkbox"/> 416.50 (public entity)                         | <input type="checkbox"/> 415.46 (occupant)                            |
|   | <input type="checkbox"/> other:                                       |

7. Person who served papers

- a. Name: **RICARDO DELPRATT - JPL Process Service, LLC**
- b. Address: **PO Box 918 Midway City, CA 92655**
- c. Telephone number: **(866) 754-0520**
- d. The fee for service was:
- e. I am:

- (1) ☒ not a registered California process server.
- (2) ☐ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☐ registered California process server:
- (i) ☐ owner ☐ employee ☐ independent contractor.
- (ii) Registration No.:
- (iii) County:

8. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or
9. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.


Date: **1/20/2016**

**JPL Process Service, LLC**  
**PO Box 918**  
**Midway City, CA 92655**  
**(866) 754-0520**  
<http://www.jpips.com/>



**RICARDO DELPRATT**

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

  
 (SIGNATURE)